

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033878

1. Entity Name

Prolink International, Inc.

Principal Place of Business

2812 N.W. 72nd Ave
Miami, FL 33122

Mailing Address

2812 N.W. 72nd Ave
Miami, FL 33122

2. Principal Place of Business

4615 N.W. 72nd Ave
Suite, Apt. #, etc. #112

3. Mailing Address

4615 N.W. 72nd Ave
Suite, Apt. #, etc. #112

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1094152

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Pan, Chiu-shiaw
3308 Torremolinos Ave
Miami, FL 33178

7. Name and Address of New Registered Agent

Name Pan Chiu-shiaw
Street Address (P.O. Box Number is Not Acceptable)
2604 N.W. 72nd Ave
City Miami FL Zip Code 33122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Pan, Chiu-shiaw

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chung - Wen Wu 4615 N.W. 72nd Ave #112 Miami FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hing - Hing Yin 4615 N.W. 72nd Ave, #112 Miami FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

305) 490-9283

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 016 ***150.00



DO NOT WRITE IN THIS SPACE